

**NOTIFICATION OF RISK ASSESSMENT/CASE MANAGEMENT REFUSAL
FOR TITLE XIX ELIGIBLE RECIPIENTS**

To Department of Social Services
Office of Medical Services
700 Governors Drive
Pierre, South Dakota 57501-2291

From: Community Health Nurse (CHN) _____
County

Re: _____
Recipient Name

Title XIX Number

Date: _____

This is to notify you that the above mentioned recipient:

_____ Was risk assessed and determined to be at risk but has refused case management services.

_____ Has not contacted the CHN office to have a risk assessment completed.

Community Health Representative Name

E-mail Address

COMMENTS:

